MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY PERMITING AND COMPLIANCE DIVISION

WASTE MANAGEMENT SECTION PO BOX 200901

HELENA, MT 59620-0901

Phone: (406) 444-5300 Fax: (406) 444-1374

LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM

1.	OI ENTITION			
1.	Is prior approval to accept each waste load being obtained from the Department of Environmental Quality? Yes () No ()			
2.	What is the total acreage under treatment?			
3.	How many treatment cells are in use?			
4.	What is the date and volume of waste that was last accepted? Date vol.			
II.	GROUND WATER			
5.	Do you have ground water monitoring wells? Yes () No ()			
6.	Please list each well by ID# and/or name			

	Well ID/name	Well ID/name	Well ID/name
Seasonal static water level - from designated measuring point at top of well casing (3 times /year)	ft.	ft.	ft.
	ft.	ft.	ft.
	ft.	ft.	ft.
Well sampling dates (April, July, Oct.)			
Date analyzed (required 2-4 times/year) TPH			
BTEX			
Other Constituents			
***ATTACH SAMPLE RESULTS	•		

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OPERATION

III. TREATMENT ZONE SEASONAL SAMPLING

7.	List acreage of site or cells under treatment		
8.	Dates of seasonal sampling	April	
		July	
		Oct.	
9.	Total number of samples collected and analyzed	April	
		July	
		Oct.	
***	ATTACH SAMPLE RESULTS		
IV.	MAINTENANCE		
10.	Date landfarm maintenance samples were performed Nutrients		
	Moisture		
	рН		
***	*ATTACH SAMPLE RESULTS		
V.	AIR QUALITY		
11.	Has the landfarm exceeded 25 tons/year of VOCs? Yes () No ()		
VI.	BELOW TREATMENT ZONE (BTZ)		
12.	Date BTZ sampled Oct.		
13.	Number of BTZ samples collected and analyzed		
14.	Is there evidence that leaching has occurred by change in the BTZ baseline character? Yes () No ()		
15.	Was the Waste Management Section notified of the change? Yes () No ()		
***	ATTACH SAMPLE RESULTS		

VII. RECORDS

- 16. Are records being maintained which include all of the following: Yes () No ()
 - a. ID/tracking code
 - b. source
 - c. volume
 - d. contaminant
 - e. initial concentration
 - f. treatment cell location
 - g. application date
 - h. treatment schedule and method (i.e. tillage frequency, nutrient additions, moisture enhancement, organic amendments, etc.)
 - i. sample dates
 - j. analyses performed
 - k. analytical results
 - 1. final placement, if removed

THE ANNUAL REPORT SHALL BE SENT TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY NO LATER THAN 90 DAYS FOLLOWING THE LAST YEARLY OCTOBER SAMPLING EVENT.

Send to:

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY PERMITING AND COMPLIANCE DIVISION WASTE MANAGEMENT SECTION PO BOX 200901 HELENA, MT 59620-0901

***Please Attach Copies of Analytical Results